PART B - FEE(S) TRANSMITTAL

| Comp | ete and | send | this form, | together | with a | pplicable | fee(s), | to: M | [ai] |
|------|---------|------|------------|----------|--------|-----------|---------|-------|------|
| | PIEN! | | Offickty | | | | | • | |

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria. Virginia 22313-1450

| (3 DE) | • | | or J | | virginia 22313 O | -1450 | | |
|--|--|--|---|--|--|---|--|--------------------------------------|
| indicated unless corrected b | rm should be used for tran respondence including the below or directed otherwise | smitting the ISSU Patent, advance of in Block I, by (a | IR FER and | DIDI CATION PER CE | naminad) Diaglia | 1 through 5 st to the current dicating a sena | hould be comple correspondence trate "FEE ADDI | ted where address as RESS" for |
| mannenance ree nouncadon | is. E ADDRESS (Note: Use Block 1 for | | | · | | | | |
| · | at ADDICASS (1986). OSE BIOCE I IOI | any charge or authors) | | Note: A certificat Fee(s) Transmittal | te of mailing can o | only be used for annot be used i | or domestic maili for any other acco | ngs of the ompanying |
| 22712 75 | 90 05/23/2005 | | | papers. Each addi have its own certif | tional paper, such ficate of mailing or | as an assignme transmission. | ent or formal drav | ving, must |
| PAUL A. GUSS | | | • | | Certificate of Ma | | | |
| | TTORNEY AT LAW | | | I hereby certify th | at this Fee(s) Tran | ismittal is being | g deposited with | the United |
| and the second s | RST FLOOR SUITE 2 | | | I hereby certify the States Postal Servaddressed to the transmitted to the | ice with sufficient Mail Stop ISSUE | postage for fire FEE address | st class mail in ar above, or being | n envelope facsimile |
| ARLINGTON, VA | . 22202 | | | transmitted to the | USPTO (703) 746 | -4000, on the d | ate indicated belo | w. |
| | • | | | | | | (Dеро | sitor's name) |
| | | | | | | | | (Signature) |
| | | | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAME | INVENTOR | ATTORNEY | DOCKET NO. | CONFIRMATIC | NO. |
| 10/717,660 | 11/21/2003 | | Yoshihiro | Fukano | CS-32- | | 9051 | |
| TITLE OF INVENTION: TV | WO-WAY VALVE | | | | | | | |
| | | | | • | | | • | |
| | | | | • | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE F | cc T | PUBLICATION FEE | TOTAL FI | EVEN DITE | DATE DU | |
| | | | | | | <u> </u> | | |
| nonprovisional | NO | - \$1400 | J | \$300 | | 700 | 08/23/200 | 13 |
| EXAM | INER | ART UN | ΠT | CLASS-SUBCLASS | | | | |
| LEE, KI | EVIN L | 3753 | | 137-312000 | | | | |
| 1. Change of correspondence | address or indication of "Fe | e Address" (37 | 2. For prin | ting on the patent front pag | e, list | | | |
| CFR 1.363). | | | (1) the nar | nes of up to 3 registered p | patent attorneys | ı <u>Pau.</u> | l A. Gus | S |
| Address form PTO/SB/12 | ence address (or Change of (22) attached. | Correspondence | or agents OR, alternatively, | | | | | |
| | ion (or "Fee Address" Indica r more recent) attached. Use | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 | | | | | |
| PTO/SB/47; Rev 03-02 o Number is required. | r mòre recent) attached. Use | of a Customer | 2 registere listed, no n | d patent attorneys or agents ame will be printed. | s. If no name is | 3 | | |
| | RESIDENCE DATA TO B | P PRINTED ON T | HE PATENT | (print or type) | | | | |
| | | | | • •• • | signee is identifie | d below, the do | ocument has been | n filed for |
| recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion of | of this form is NO | l'a substituté | or filing an assignment. | | - · · · · · · · · · · · · · · · · · · · | | |
| (A) NAME OF ASSIGNE | EE | (B |) RESIDENC | E: (CITY and STATE OR | COUNTRY) | | | |
| SMC Kabusi | hiki Kaisha | | Тс | kyo, JAPAN | | | | |
| | | | | - ' | | | _ | |
| Please check the appropriate | assignee category or categor | ries (will not be pr | inted on the pa | itent): 🗖 Individual 🗵 | Corporation or o | ther private gro | oup entity 🚨 Go | vernment |
| 1. The following fee(s) are | enclosed: | 46 | . Payment of | | | | | |
| Issue Fee | A check in the amount of the fee(s) is enclosed. | | | | | | | |
| | nall entity discount permitte | d) | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(8), or credit any overpayment to Penceit Account Number. (enclose an extra count Number) | | | | | |
| Advance Order - # of | Copies3 | | Deposit Acco | ctor is hereby authorized bount Number 07-2 | by charge the requi | ired fee(s), or close an extra co | credit any overpa opy of this form). | yment/ to |
| 5. Change in Entity Status (| from status indicated above |) | • | | , | | <u></u> | |
| | MALL ENTITY status. See | | b. Applica | ant is no longer claiming Si | MALL ENTITY st | tatus. See 37 CI | FR 1.27(g)(2). | |
| The Director of the USPTO i | s requested to apply the Issu | e Fee and Publica | tion Fee (if an | y) or to re-apply any previ | ously paid issue fe | e to the applica | tion identified abo | ove. |
| NOTE: The Issue Fee and Puinterest as shown by the reco | iblication Fee (if required) with the control of the United States Pate | nt and Trademark | office. | otner than the applicant, a | | | | |
| | 1)04 | | | | 08/23/2005 5 | DENBORS DO | 000087 10717 005 | <u>666</u> |
| Authorized Signature | 42 C | X 1 2 | | Date | | | 1 | I400.00 Or |
| Typed or printed name Paul A. Guss | | | | | 01 FC:1501 | 33,099 | | 300.00 OP 9.00 OF |
| This collection of information application. Confidentiali | n is required by 37 CFR 1.3 ty is governed by 35 U.S.C. | The information and 37 CFR | n is required t 1.14. This coll | o obtain or retain a benefit ection is estimated to take | by the public which is 12 minutes to con | ch is to file (and nplete, includin | I by the USPTO to g gathering, prep | o process) aring, and |
| submitting the completed ap | plication form to the USPT | O. Time will vary | depending up | on the individual case. An | y comments on the | e amount of tin | ne you require to | complete erce, P.O. |
| This collection of information an application. Confidentialit submitting the completed appthis form and/or suggestions Box 1450, Alexandria, Virginal Collections and Collection and | nià 22313-1450. DO NOT | SEND FEES OR | COMPLETED | FORMS TO THIS ADDR | ESS. SEND TO: | Commissioner | for Patents, P.O. | Box 1450, |
| Alexandria, Virginia 22313-1 Under the Paperwork Reduct | 1430. | | | | | | | |
| | | | | | | | | |